

STANDARD FORM 1190 (REV 8/92) DEPT OF STATE SEC 073.4 STD REGS (GCFA) (1190-103)							GRANT NO. <i>(If required)</i>		
COMPLETE ALL BOXES MARK "NA" IN BOXES NOT APPLICABLE. USE SUPPLEMENTARY SHEET IF NECESSARY. COMPUTE ALLOWANCES AT MOST FAVORABLE EXCHANGE RATE AT WHICH YOU OBTAIN FOREIGN CURRENCY ON THE DATE OF THIS APPLICATION. (\$1 U.S. EQUALS _____). IF MORE THAN ONE SUCH RATE IS CURRENT AT POST, QUOTE AND EXPLAIN IN BOX 26 ALL RATES AND STATE WHICH IS USED BELOW.									
1. POST AND COUNTRY OF ASSIGNMENT			2. AGENCY		3. DATE OF FORM		4. NAME OF EMPLOYEE <i>(Last - first - middle initial)</i>		
5. GRADE		6. TITLE OF POSITION			7. BASIC ANNUAL SALARY		8. LAST PREVIOUS POST OF ASSIGNMENT		
9. DATE OF ARRIVAL AT POST		10. (AGENCY USE)		11. DATE OF ENTRY ON DUTY AT POST IF RECRUITED LOCALLY			12. (AGENCY USE)		
13. (AGENCY USE)			14. REASON FOR PRESENCE IN AREA IF HIRED LOCALLY <i>(Explain fully)</i>						
15. FAMILY DOMICILED AT POST									
NAME		RELATION-SHIP	DATE OF BIRTH	% OF DEPEND-ENCY	U.S. CITIZEN YES NO		PLACE OF RESIDENCE STREET ADDRESS AND CITY		DATE OF ARRIVAL AT POST
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
16. FAMILY DOMICILED AWAY FROM POST									
NAME		RELATION-SHIP	DATE OF BIRTH	% OF DEPEND-ENCY	U.S. CITIZEN YES NO		PLACE OF RESIDENCE STREET ADDRESS, CITY AND COUNTRY		DATE OF DEPARTURE FROM POST
(1)									
(2)									
(3)									
(4)									
17. (AGENCY USE)					18. (AGENCY USE)				
19. IF SPOUSE EMPLOYED BY U.S. GOVERNMENT, COMPLETE THE FOLLOWING:									
A. TITLE OF POSITION		B. GRADE	C. BASIC ANNUAL SALARY		D. POST DIFFERENTIAL OR TYPE OF ALLOWANCES RECEIVED				
20. DESCRIPTION OF QUARTERS OCCUPIED BY EMPLOYEE									
A. STREET ADDRESS				B. APARTMENT OR ROOM NO.		C. DATE OCCUPIED		D. SIZE OF QUARTERS _____ ROOMS _____ BATHS	
E. TYPE OF QUARTERS <i>(Check appropriate boxes)</i> <div><input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HOTEL <input type="checkbox"/> PENSION <input type="checkbox"/> UNFURNISHED <input type="checkbox"/> FURNISHED (DATE) <input type="checkbox"/> PARTLY FURNISHED <input type="checkbox"/> GOVT OWNED OR LEASED <input type="checkbox"/> PRIVATELY LEASED <input type="checkbox"/> OWNED BY EMPLOYEE OR SPOUSE</div>									
21. EMPLOYEE'S <input type="checkbox"/> DAILY EXPENSES FOR TEMPORARY LODGING OR <input type="checkbox"/> ANNUAL EXPENSES FOR LIVING QUARTERS <i>(Check applicable box)</i>									
EXPENSE ITEMS (SUPPORT EXPENSES BY SUBMITTING COPY OF LEASE OR RENTAL AGREEMENT, RECEIPTS OR CANCELLED CHECKS. IF UNOBTAINABLE, EXPLAIN WHY AND CERTIFY UNDER "REMARKS.")				FOREIGN CURRENCY PAYMENTS A.	U.S. DOLLAR EQUIVALENT OF COLUMN A B.	U.S. DOLLAR PAYMENT (COMPLETE IF PAID IN U.S. DOLLARS) C.	U.S. DOLLARS (TOTAL OF COLUMNS B AND C) D.		
(1) COMBINED RATE FOR LODGING AND MEALS WHEN APPLICABLE									
(2) SEPARATE RATE FOR LODGING UNDER COMBINED RATE									
(3) RATE FOR QUARTERS OR LODGING ONLY									
(4) TAXES REQUIRED BY LAW TO BE PAID BY LESSEE (OR LAND RENT FOR PERSONALLY OWNED QUARTERS) <i>(Specify)</i>									
(5) IF EMPLOYEE OR SPOUSE OWNS QUARTERS INSERT ORIGINAL PURCHASE PRICE									
(6) GAS									
(7) ELECTRICITY									
(8) OTHER HEAT, LIGHT, FUEL, WATER <i>(Specify)</i>									
(9) SEPARATE RENTAL FOR GARAGE OR FURNITURE <i>(Specify)</i>									
(10) INSURANCE REQUIRED BY LOCAL LAW TO BE PAID BY LESSEE									
TOTAL COSTS (2) THROUGH (10)									
22. IF EMPLOYEE SHARES QUARTERS GIVE NAME OF PERSON(S) WITH WHOM SHARING AND EMPLOYING FIRM OR AGENCY									
23. IF EMPLOYEE RENTS QUARTERS FROM ANOTHER GOVERNMENT EMPLOYEE, GIVE NAME OF THAT EMPLOYEE AND EMPLOYING AGENCY									
24. IF EMPLOYEE LETS OR SUBLETS PORTIONS OF HIS OWNED OR LEASED QUARTERS, COMPLETE THE FOLLOWING:									
A. NAME OF SUBLESSEE AND EMPLOYING AGENCY OR FIRM			B. AMOUNT RECEIVED FROM SUBLESSEE		C. HAS AMOUNT RECEIVED FROM SUBLESSEE BEEN DEDUCTED FROM EXPENSES SHOWN IN ITEM 21?			D. DATE LET OR SUBLET	

25. EMPLOYEE'S EXPENSES FOR CHILDREN'S EDUCATION									
CHILDREN'S NAMES		NAME AND ADDRESS OF SCHOOL			SCHOOL		U.S. GRADE EQUIV- ALENT	DATE ENTERS	DATE LEAVES
					AT POST	AWAY FROM POST			
1.									
2.									
3.									
4.									
5.									
6.									
	CHILD 1	CHILD 2	CHILD 3	CHILD 4		CHILD 5		CHILD 6	
BASIC TUITION									
BOOKS, SUPPLIES, AND NECESSARY ELECTIVE COURSES									
TRANSPORTATION									
ROOM AND BOARD									
OTHER (ITEMIZE AND EXPLAIN UNDER REMARKS)									
SUB-TOTAL									
SUPPLEMENTARY INSTRUCTION									
TOTAL									
HOME STUDY--GRADES 1 - 12									
26. REMARKS (Or computations for education allowances)									
<div></div>									
PRIVACY ACT STATEMENT									
Solicitation of this information is authorized under 5 U.S.C. 5922(c), E.O. 10903 -- Section 1(b-2), and section 073.4 of the Standardized Regulations (Government Civilians, Foreign Areas). It is used to determine employee eligibility for and appropriate amounts of allowances. After granting, forms are subject to fiscal audit by parent agency and General Accounting Office, and review by Allowances Staff, State, to set LQA rates. Lack of information may result in erroneous or unauthorized allowances.									
27. EMPLOYEE STATEMENT									
I certify that the information given on the application is true and correct to the best of my knowledge and belief. I understand that I am obligated to notify the authorizing office immediately of any change in conditions which may affect the amount of allowances and/or differential authorized therein. I also understand that false statements made to the United States on this form may subject me to criminal penalties (including fines and imprisonment) under 18 U.S.C. 1001 and 287 and/or civil penalties under 31 U.S.C. 3729 or administrative penalties under 31 U.S.C. 3802									
DATE		SIGNATURE OF EMPLOYEE							
28. SIGNATURE OF REVIEWING OFFICER, WHEN REQUIRED									
29. APPROVAL OR GRANT									
The following post differential and/or allowances are authorized or granted in the amounts shown, subject to change in accordance with governing regulations.									
TYPE		AMOUNT	EFFECTIVE DATES		TYPE	AMOUNT	EFFECTIVE DATES		
			BEGAN	TERMINATED			BEGAN	TERMINATED	
POST DIFFERENTIAL		%			EDUCATION ALLOWANCE PLUS SUPPLEMENTARY INSTRUCTION (P/SCHOOL YR)				
FOREIGN TRANSFER ALLOWANCE	A. MISC. WARD-ROBE (LUMP SUM) B. SUBSISTENCE U.S. (P/DAY)				CHILD 1				
					CHILD 2				
TEMPORARY LODGING ALLOWANCE (P/DAY)					CHILD 3				
LIVING QUARTERS ALLOWANCE (P/DAY)					CHILD 4				
POST ALLOWANCE (P/A)					CHILD 5				
SUPPLEMENTARY POST ALLOWANCE (P/DAY)					CHILD 6				
HOME SERVICE	A. LODGING (P/DAY)				SEPARATE MAINTENANCE ALLOWANCE (P/A)				
TRANSFER** ALLOWANCE:	B. MISCELLANEOUS (LUMP SUM)				**SEE SEC. 077.32c FOR REQUIRED CERTIFICATIONS				
DATE		TITLE OF APPROVING OR GRANTING AUTHORITY				SIGNATURE			
APPROPRIATION		ALLOTMENT				(AGENCY USE)			